PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee petitionalize. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of addr

23552

APPLN. TYPE

7590

09/30/2004

MERCHANT & GOULD PC P.O. BOX 2903 **MINNEAPOLIS, MN 55402-0903** 10/15/2004 HDEMESS2 00000104 132725

01 FC:1501 02 FC:8001

1370.00 DA 30.00 DA

10618437

ISSUE FEE

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Timothy P. Sullivan	(Depositor's name)
	(Signature)
October 12, 2004	(Date)

TOTAL FEE(S) DUE

DATE DUE

[APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/618,437	07/11/2003	Perry Scott Lorenz	50019.229US01/PO5582	5604

TITLE OF INVENTION: THERMOSTAT WITH CLOCK-BURST CONTROL OF TRIP POINT

SMALL ENTITY

nonprovisional	NO	\$13	or 137C	\$0	£43.	1370	3	12/30/2004
EXAMI	NER	ART U	NIT	CLASS-SUBCLASS]	101		
NORMAN,	MARC E	37-	44	236-079000	•			
1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.	ence address (or Change 2) attached. on (or "Fee Address" In-	of Correspondence	(1) the na or agents (2) the na registered 2 register	nting on the patent front page, li times of up to 3 registered pater OR, alternatively, me of a single firm (having as a l attorney or agent) and the name ed patent attorneys or agents. If name will be printed.	nt attorneys a member a nes of up to	1	•	. Sullivan & Gould
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	O BE PRINTED ON	THE PATEN	T (print or type)				
PLEASE NOTE: Unless	an assignee is identified 37 CFR 3.11. Completi	d below, no assigne ion of this form is N	e data will app OT a substitute	pear on the patent. If an assign for filing an assignment.	nee is identifie	d below, the	e docum	ent has been filed for
recordation as set forth in					I D ITTO I I			
(A) NAME OF ASSIGNE	E		(B) RESIDEN	CE: (CITY and STATE OR CO	UNIKY)			
(A) NAME OF ASSIGNE	E National Semi		• •	•	Santa	Clara,	CA	USA
(A) NAME OF ASSIGNE N Please check the appropriate a	National Semi	conductor	Corporat	cion	Santa			
(A) NAME OF ASSIGNE N Please check the appropriate a 4a. The following fee(s) are e	National Semi	conductor	Corporat printed on the 1 4b. Payment of	patent): Individual IC	Santa or			
Please check the appropriate at the following fee(s) are expressions.	National Semi assignee category or cat enclosed:	.conductor egories (will not be	printed on the payment of	patent): Individual ZZ C Fee(s): in the amount of the fee(s) is en	Santa or			
(A) NAME OF ASSIGNE N Please check the appropriate a 4a. The following fee(s) are e	National Semi assignee category or category or category and category or category and category or category	conductor egories (will not be	printed on the payment of A check	patent): Individual ZZ C Fee(s): in the amount of the fee(s) is en t by credit card. Form PTO-2038	Santa orporation or o	ther private	group er	atity Government
Please check the appropriate a 4a. The following fee(s) are e Issue Fee Publication Fee (No sm	assignee category or cate colosed: nall entity discount pern Copies 10 copi	conductor egories (will not be	printed on the payment of A check	patent): Individual ZZ C Fee(s): in the amount of the fee(s) is en	Santa orporation or o	ther private	group er	atity Government
Please check the appropriate a 4a. The following fee(s) are e Issue Fee Publication Fee (No sm Advance Order - # of 6	assignee category or category or category conclosed: mall entity discount perm Copies 10 copi	egories (will not be	printed on the payment of A check Payment Mayment Mayment Mayment Mayment Mayment Acc	patent): Individual ZZ C Fee(s): in the amount of the fee(s) is en t by credit card. Form PTO-2038	Santa orporation or or nclosed. 8 is attached. charge the requestion (encountry)	ired fee(s),	group er	any overpayment, to this form).
Please check the appropriate a 4a. The following fee(s) are e Issue Fee Publication Fee (No sm Advance Order - # of 6 5. Change in Entity Status (a. Applicant claims SM	assignee category or category	egories (will not be nitted) es	printed on the payment of A check Payment M The Dir Deposit Acc	patent): Individual In	Santa orporation or or nclosed. 8 is attached. charge the requestions.	ired fee(s), close an extra	group en	any overpayment, to f this form).
Please check the appropriate a 4a. The following fee(s) are e Issue Fee Publication Fee (No sm Advance Order - # of 6 5. Change in Entity Status (a. Applicant claims SM	assignee category or category	egories (will not be nitted) es	printed on the payment of A check Payment M The Dir Deposit Acc	patent): Individual II Confects: Individual II Confects: In the amount of the fee(s) is entitled by credit card. Form PTO-2038 ector is hereby authorized by count Number 13-2725 cant is no longer claiming SMA	Santa orporation or or nelosed. 8 is attached. charge the requestion (enc.) LL ENTITY st by paid issue feistered attorney	ired fee(s), close an extra	or credita copy of	any overpayment, to f this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Perry Scott Lorenz

Examiner:

Marc E. Norman

icant: al No.:

10/618,437

Group Art Unit:

3744

July 11, 2003

Docket:

50019.229US01/P05582

23552

PATENT TRADEMARK OFFICE

Confirmation

No.: Title: 5604

Due Date:

December 30, 2004

CERTIFICATE UNDER 37 CFR 1.8: I hereby certify that this correspondence is being deposited with the United States Postal S rvice as first class n sufficient postage, in an envelope addressed to: Mail Stop Issue Fee, Commission Norman, P.O. Box 1450, Alexandria, VA 22313-1450 on October 12, 2004.

THERMOSTAT WITH CLOCK-BURST CONTROL TRIP POINT

Name: Kayla E

Mail Stop Issue Fee Attn: Examiner Marc E. Norman Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☐ Transmittal Sheet in duplicate containing Certificate of Mailing

Charge Deposit Account 13-2725 in the amount of \$1,400.00 for issue fee and 10 patent copies

Fee Address Indication Form

Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C. P.O. Box 2903, Minneapolis, MN 55402-0903 612.332.5300

By: Name: Timothy P. Sullivan

Reg. No.: 47,981

TPS